## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31**, **2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

## Application for Federal Education Assistance (ED 424)

g. TOTAL



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Inform  1. Name and Address			Organizational Unit				
Legal Name: Multicultura	l Community and Family S	ervices	[n.	/a			
Address: 7437 Broadw	ay						
			CA	USA		91945 - 1603	
Lemon Grove	2		State	County		ZIP Code + 4	
,	per 134164	206	6. Novice Applica	nt Vas	☐ No		
. Applicant's D-U-N-S Numb	Del Company		o. Novice Applica	100			
. Applicant's T-I-N 3 3		1 4 1	7. Is the applicant			ebt? Yes No	
Title: Community Techno			·			T	
ride: Community Technic	nogy Center 1 logiani		8. Type of Applica	ant (Enter app	ropriate letter	in the box.)	
5. Project Director: Amaka	Okeke		A State		Public Colleg		
Address: 7437 Broadwa			B Local			Profit College or University	
Lemon Grove	CA 919	45 - 1603	C Special Dist		Non-Profit O	rganization t-Making Organization	
City	State	ZIP Code + 4	D Indian Tribe E Individual		Other (Specif		
Tel. #:(619) 464-6417	Fax #: <u>(619) 464</u>	-0898	F Independent			A CONTRACTOR OF THE CONTRACTOR	
			District				
E-Mail Address: mcdasrc				And Marija Kas	44 <u>17,34,544</u> 8		
Application Info	rmation					subjects planned at any time	
9. Type of Submission:				ch activities inv posed project p		subjects planned at any time	
—PreApplication	—Application		—	Posed hi oleor l			
Construction	Construction		Yes (Go t	o 12a.)	No (Go to ite	em 13.)	
Non-Construction	Non-Construction		40- 4	the recept of	tivities propes	ed designated to be exempt	
				tne research ac e regulations?	civicies brobos	ica acaignated to be exempt	
0. Is application subject to rev	riew by Executive Order 12372	? process?	<del></del> -	=	on(s) #)·		
	available to the Executive Ord		r—1	ovide Exempa ovide Assurana			
process for re	eview): <u>7/7/2003</u>		,				
No (If "No," che	eck appropriate box below.)		13. Descriptive Tit San Diego Coll			nter	
	not covered by E.O. 12372.		2411 2.1080 0011			RECEIVE	
	not been selected by State for	review.					
						AUG 2 9 200	
		nd Date: /31/2004					
Proposed Project Dates:						ation	
Estimated Fundir	ng		zed Repres				
4a. Federal \$	487,705.00	correct. The	e document has been	nduly authorize	d by the goverr	cation/application are true and ling body of the applicant and assistance is awarded.	
b. Applicant \$	34,345.00		Representative (Ple				
c. State \$	0.00	Amaka C		- · · · · · · · · · · · · · · · · · · ·			
c. State \$		I This	ecutive Director				
d. Local \$	0.00	1	Cutive Director				
e. Other \$	00.0	c. Tel.#:(6	519) 464-6417		Fax #:(61	9) 464-0898	
c, Other Ψ	0.100	d. F-Mail Add	lress: mcdasrc@	netscape.net			
f. Program Income \$	0.00	u. E-Wall Add	)	$\overline{}$			
	### A A #A		scelas	<u> </u>		Date: 6/30/2003	
q. TOTAL \$	<b>522,050</b> .00	II e. Signature	of Authorized Rep	presentative		Date,	

APPLICATION	FOR			OMB Approval No. 0348-0
FEDERAL ASS	ISTANCE	2. DATE SUBMITTED		Applicant identifier
		August 28, 200		
1. TYPE OF SUBMISSION	4; Pranpolication	J. DATE RECEIVED OV STAT	TE.	State Application Insolution
Construction	□ Continuos	4. DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier
Non-Constituction	Non-Construction			
S. APPLICANT INFORMA	TION			
COOSI NAME! Dogont	c linius maditu	a6 (1) i6	Organization	nal Unit:
Address (pive dily, county,	s University	nt Lailtornia	Name and to	DAND
DANR			IN APPECAL	nh (give ama corie)
	Drive, 6th Fl	AA4		topher Dewees Carol Berman
		oor	(530)	752-1457 (530) 987 0050
6. EMPLOYER IDENTIFIC	ATION HUMBER (FIN):		7. TYPE OF	APPLICANT: (Brief appropriate lefter in DOI)
9 4 - 6	0 3 6 4 9	4		LI
A TYPE DE APPLICATION	!		A SLAIN B. Court	H. Independent School Dist;      I, Slate Controlled Institution of Higher Learning
		_	C. Munic	ipu J. Private University
	New D Continu	Jation E Revision	D. Towns	
		<u> </u>		Whicipal M. Proffi Organization
If Pavision, enter appropriat	a lottor(a) in box(es);	J 🔲	G. Speca	District N. Other (Specify)
A Increase Award	B. Docrego Award	C. Increase Duranon		, in the second
D Decrease Duration	Other (specify):		S. HAME OF	PEDERAL AGENCY:
			ΝΛΔΔ	National Marine Fishers Service
			NOAH,	Mactonal Marine Fishers Service
16. CATALOG OF FEDERA		e number:	11. DESCRIP	TIVE TITLE OF APPLICANT'S PROJECT:
Fisheries Develop	oment and precionment I			
Grants and Coope	cultive Valcements	11 - 42 7		tion of The Pacific Ground Fish
			Buyb	eack Program
12, AREAS AFFECTED BY				
Lalifornia, C	regon, Washing	ton		
13, PROPOSED PROJECT	14. CONGRESSI	ONAL DISTRICTS DY:		
Start Date Ending Da	ie a Applicant		b. Project	
1/1/04   12/31,	05 4th Disti	rict	•	coastal districts of CA, OR, WA.
15. ESTIMATED FUNDING:			16. IS API	PUCATION SUBJECT TO NEVIEW BY STATE EXECUTIVE
A. FAGRIAJ	\$	,00	ORDE	R 12372 PROCESS?
	408,4	36		
b. Applicani	66,8	.00	T YES	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
				REVIEW ON:
c Siele	3	,co		
				August 28, 2003
d, Local	\$	,00		
			J a Na	PROGRAM IS NOT COVERED BY 8.0. 12372
e. Oiner OSU	2	.00		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
I, Program Income	\$	17,621	_	NE PIET
i, riogissi kicolise		. ,500	17. IS THE	APPUCANT DELINGUENT ON ANY FEDERAL DEST?
g, TOTAL	ſ	0_ 	_	
	492,9	52	☐ Y##	if "Yes," ander an explanation: 🔎 No
16, TO THE BEST OF MY KN	OWLEDGE AND BELLEF, A	LL DATA IN THIS APPLICATIO	M/PREASEL	CATION ARE TRUE AND CORRECT. THE DOCUMENT HAS
		OF THE APPLICANT AND TH	E APPLICANT	WILL COMPLY WITH THE ATTACHED ASSURANCES IF
THE ASSISTANCE IS AWARD	JED.		ெறைம	TO STORY
E. Type Hame of Authorized Re	PIECANLINE	I DIMINI		W/-E
Carol Berman		to, era	cts & Gr	ants Coordinator (510) 987-0050
d. Signature of Authorited Per	resentative	13		e. Dain Signed
	curek	× <del>(1)</del>	AUG 28	2003
rvinus Edition Useone Shariyad fer Local Aspessopson		ball		Standard Form 434 (Nov. 4-63)
		CASE RECEIVE BY	ALEIR	Pryscibed by DMA Circular Ashor
		ISTATE	CLEAR	ING HOUSE TOTAL P. Ø2
		<u> </u>		IUIHL F.02

OMB Approval No. 0348-0043

APPLICATION FOR				Applicant Identifier		
EDERAL ASSISTAN	ICE	August 27, 2003				
, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Preapplication	4. DATE RECEIVED BY	SEDERAL AGENCY	Federal Identifier		
Construction	Construction	4. DATE RECEIVED BY	LEDCIONE VOEIGO			
Non-Construction	Non-Construction					
APPLICANT INFORMATION			Organizational Unit:	o die	Evtonolon	
Regents of the Unive	rsity of California		University of C	California Sea Grant E	d on matters involvin	
ddress (give city, county, State,	and zip code):	E G E I V	this application (give a	umber of betacht to be countries	g gri manoro mos m	
300 Lakeside Drive, 6	Sth Floor		Huis application (Bive a	102 0000)		
Oakland, CA 94612-	3550		Susan McBrid	le 707-443-8369		
EMPLOYER IDENTIFICATION		AUG - 2 7 - 2000	7. TYPE OF APPLICA	ANT: (enter appropriate letter in l	oox)	
94-6036	4 9 4		A. State	H. Independent School Dist.	Lligher Learning	
TYPE OF APPLICATION:	CTA	TE CLEARING	- B County	I. State Controlled Institution of	Ligher reaming	
₩ New		Revision	e. Municipal	J. Private University K. Indian Tribe		
		7	D. Township E. Interstate	L. Individual		
Revision, enter appropriate lett	er(s) in box(es)		F. Intermunicipal	M. Profit Organization		
A. increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)		
A. IIIOI GODGO ANTONIO	specify):					
			9. NAME OF FEDER	AL AGENCY:		
			NOAA- Comme	rcial Marine Fisheries Ser	vice	
			44 SPECDIDING T	ITLE OF APPLICANT'S PROJE	CT:	
10. CATALOG OF FEDERAL D	omestic assistance n		1			
		1 1 — 4 2 7	Collaborative Fi	sh Habitat Identification fo	r Rockiishes	
Circhadas De	evelopment and Utiliza	ation ResearchFisher	(Sebastes spp.)	, greenling (Hexagrammo	s spp.) and	
12. AREAS AFFECTED BY PR	OJECT (Cities Countles Si	tates, etc.);	- cabezon (Scorp	aenichthys marmoratus) ii ng Grounds of the Pacific	Northwest	
		,	Meatariore Figure	ing Grounds of the Lacino	(10/11/11/00)	
Coastal California, Orego						
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project	464700 OD: 45 V	<i>1/</i> Δ · - 1	
1/1/04 12/31/05		1	CA:		VA: 1	
15. ESTIMATED FUNDING:				N SUBJECT TO REVIEW BY ST	AIE EXECUTIVE	
		46	ORDER 12372 F	ROCESSY		
a, Federal	\$	498,992 <sup>.</sup>	A VES THIS DRE	EAPPLICATION/APPLICATION	NAS MADE	
			AVAILABI	LE TO THE STATE EXECUTIVE	ORDER 12372	
b. Applicant	\$	83,206		S FOR REVIEW ON:		
c. State	\$	. 66		08/27/03		
<b>.</b> . <b>.</b>		0	DATE	08/27/03		
d. Local	\$	D.	h No 17 PROGE	RAM IS NOT COVERED BY E. C	). 12372	
	•	80	DOR PRO	OGRAM HAS NOT BEEN SELE	CTED BY STATE	
e. Other	\$	o ·	FORRE			
f, Program Income	5	.00				
,, tragitan mostive		0	17. IS THE APPLIC	ANT DELINQUENT ON ANY FE	DERAL DEBT?	
g, TOTAL	\$	582,198	Yes If Yes,	" attach an explanation.	<b>₩</b> No	
	MI EDGE AND BELIEF A		CATION/PREAPPLICATION	ATION ARE TRUE AND CORRE	CT, THE	
18. TO THE BEST OF MY KNO	)WLEUGE AND BELIEF, A Y AUTHORIZED BY THE G	SOVERNING BODY OF T	HE APPLICANT AND	THE APPLICANT WILL COMP	Y WITH THE	
ATTACHED ASSURANCES I	THE ASSISTANCE IS AV	VARDED.				
a. Type Name of Authorized Re	presentative	b. Title		c. Telephone Number		
Carol Berman		Contracts & Gran	ts Coordinator	(510) 987-0042		
d. Signature of Authorized Repr	esentative			e. Date Signed		
Overdoue Edition Usable				Standard Form 42	4 (Rev. 7-97)	

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Prescribed by OMB Circular A-102

APPLICATION FOR					Approval No. 0348-0043
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED	7,0000	Applicant Identifier	
		August 2	7, 2003	094878394	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication	A DATE DESCRIPTION	PERENAL ACENOV	Federal Identifier	
Construction  Non-Construction	Construction  Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	regeral identities	
5. APPLICANT INFORMATION					and the same of th
Legal Name:			Organizational Unit:		
The Regents of the L	Iniversity of Califor	THE HWEH	Marine Science		
Address (give city, county, State, Office of Research, USanta Barbara, CA 93		nla	this application (give a	·	ted on matters involving
6. EMPLOYER IDENTIFICATION	IN AUG			<u>e (805) 893-2675</u> NT: (enter appropriate letter in	a bari
9 5 - 6 0 0 6	1 4 5		A State	H. Independent School Dist.	
8. TYPE OF APPLICATION:	CTATE ()	EARING HOL	CB. County	I. State Controlled Institution	of Higher Loaming
✓ New	, Dentinuation	Revision	C. Municipal	J. Private University	•
		1	D. Township E. Interstate	K. Indian Tribe L. Individual	
If Ravision, enter appropriate lett	eu(e) iu pox(es)	] []	F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	reaso Award C. Increaso	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(	specify):		A NAME OF FEBER	U ACCUCY.	
			9. NAME OF FEDERA	AL AGENCY:	
W. P.				Fisheries Service, NOA/	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N		11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJ	ECT:
*		1 1 4 2 7	Evaluating Source	es of Spatial Variation in	n the
TITUE Fisheries De	evelopment and Utiliza	tion Research		the Marine Biotoxin Dor	
12. AREAS AFFECTED BY PRO			1 Hecreationally ar	nd Commercially Importa	ant opecies
West Coast of the United	States				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	1		
13. PHOPOSED PROJECT	14, CONGRESSIONAL DI	STRICTS OF .			
Stan Date Ending Date	a. Applicant	4	b, Project		17 10 FO FO FO
3/1/04 2/28/06	23	rd	CA 1, 6, 8, 12, 14	, 17, 23, 24, 30, 36, 46, SUBJECT TO REVIEW BY S	47, 48, 50, 52, 53
15. ESTIMATED FUNDING:			ORDER 12372 PF		TATE EXECUTIVE
a. Fedoral	\$	406.706			
		126,736		APPLICATION/APPLICATION E TO THE STATE EXECUTIV	
b. Applicant	\$	√ <sup>™</sup>	1	FOR REVIEW ON:	E ONDER 12372
c. Srate	\$	16,000	DATE	08/27/03	
d. Local	\$	.99	b. No.   PROGRA	AM IS NOT COVERED BY E.	O, 12372
e. Other	\$		OR PRO	GRAM HAS NOT BEEN SELE VIEW	CTED BY STATE
f. Program Income	\$	.00	17. IS THE APPLICA	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	ş	142,736	1	attach an explanation.	No No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICA	TION ARE TRUE AND CORR	ECT. THE
DOCUMENT HAS BEEN DULY			IE APPLICANT AND T	HE APPLICANT WILL COMP	LY WITH THE
attached assurances if		ARDED. b. Title		c. Telephone Number	
Jill L. Boltz	N-035, uduse	Sponsored Project	s Officer	(805) 893-8809	
d, Signature of Authorized Repre	esentative			e. Date Signed	
L				1	

APPLICA	TION	- - - -		2. DATE SUBMITTE	To the second	A		OMB Approval	No 0348-
FEDERA			NCE	PAIE SUBMITTE	יט	Applicant Identi			
1. TYPE OF SUBI		O I A	NUC	3		3-06-031			
	MOOION	_	# # #	3. DATE RECEIVED	BY STATE	State Application	n Identi	fier	
Application  Construct	ion		application  Construction	N/A	DV A DELL'A		N/A	-	
Non-Cons				4. DATE RECEIVED	BY AGENCY	Federal Identifie	r		
5. APPLICANT IN	FORMATION		Non-Construction						
Legal Name:					Organizational	l Init:			
City of L	os Ange	eles		,	1				
Address (give ci	ity, county,	state a	and zip code):		Name and teler	Les World Ai	rport	ts ontacted on ma	Horo invol
7301 World	d Way W	lest,	8th Floor		this application	(give area code)		ortabled on ma	reis illaoil
Los Angele	es, CA	900	45		Ulises A	Aguirre			
					(310) 64				
6. EMPLOYER IDE	NTIFICATIO	N NUMB	BER (EIN):			ICANT: (enter appro	priate le	etter in box)	т т
· · · · · · · · · · · · · · · · · · ·	T	Г			A. State			,	С
	9 5		2 6 7 5	0 9 3	B. County	H. Independer	nt Schoo	ol Dist. stitution of Highe	ar Loomine
8. TYPE OF APPLI	CATION				C. Municipal	J. Private Univ	ersity/	satution of riight	a Learning
☑ New	,		Continuation	Revision	D. Township E. Interstate	K. Indian Tribe	•		
If Pavision					F. Intermunicipa	al M. Profit Orga	nization		
If Revision, enter					G. Special Distr	rict N. Other (Spec	cify):		
A. Increase     D. Decrease		B. D	ecrease Award C. ther (specify):	Increase Duration					
Dooredse	Durauuri	E. U	шы ( <i>specity):</i>		9. NAME OF FEDE				
						Aviation Adı Division	ninis	tration	
10. CATALOG OF F		MESTIC	2 0	-106	11. DESCRIPTIVE	TITLE OF APPLICANT	'S PROJI	ECT:	
VOOIO IVIACE	NO.		[2]0	]-[1]0]0	Palmdal	e Regional A	Airpo	rt	
TITLE:						Master Plan			
City of	e kegio Palmda	onai ale	cities, counties, state Airport eles, Califor						0 V (
3. PROPOSED PR		Alige						AUG 21	
Start Date		Data	14. CONGRESSIONA	L DISTRICTS OF:					
	Ending	i	a. Applicant			b. Project	CTA	TE OLEAD	1110 111
2003	2004	·	Distrigt 34	(Los Angele	es City Hal	L)	SIA	TE CLEAR	
5. ESTIMATED FU	NDING:	1	16.	IS APPLICATION SUB.	JECT TO REVIEW BY	STATE EXECUTIVE OF	DDEP 12	272 ppcc====	
. Federal	1	382,	1 0	YES. THIS PREAPE	PLICATION/APPLICAT	TON WAS MADE AVAIL	ARIFTO	THE	
. Applicant				STATE EXEC	UTIVE ORDER 12372	2 PROCESS FOR REV	IEW ON :	- 1 Plm	
		153,	662 <b>.00</b>	DATE		***************************************			
State			.00 b.		AM IS NOT COVERED				
Local		<del></del>		OR PPO	GRAM HAS NOT BEE	N SELECTED BY STAT			
Other			.00	_ 0000	C. Curris MO NO! DEE!	MOEFECIED BA SLY	E FOR R	EVIEW	
			.00						
Program Income	<b>e</b>		.00	7. IS THE APPLICANT (	DELINQUENT ON ANY	FEDERAL DEBT?		· · · · · · · · · · · · · · · · · · ·	-
TOTAL		536,		Yes, If "Yes", atta					
. TO THE BEST OF	F MY KNOW	LEDGE A	AND BELIEF, ALL DATA	IN THIS APPLICATION/	PREAPPLICATION AR	E TRUE AND CORPE	T THE	OCCURACION COMO	TERNING.
THORIZED BY THE Typed Name of				THE APPLICANT WIL	L COMPLY WITH THE	ATTACHED ASSURA	NCES IF	THE ASSISTANCE	LEN DULY  IS AWARDS
Lydia H. K		ı kepre	esentative		D. I ITIE			c. Telephone	number
Signature of Au		eprese	ntative		Executive	Director		(310) 646	
	,	(	XI ×		•			e. Date Signe	ıd
1/1/	pour	4	2Kg yer	u.				8/17	103
evious Editions N	ot Usable								-

APPLICATION FO	R			OMB Approval No. 0348-004		
FEDERAL ASSIST		2. DATE SUBMITTED August 2	25, 2003	Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION	ON		Io			
Legal Name: City of Biggs, Calif	ornia		Organizational Unit: City of Biggs			
Address (give city, county, St	ate, and zip code):		Name and telephone i	number of person to be contacted on matters involving		
3016 Sixth Street/ Biggs, CA 95917	P.O. Box 307		this application (give a Dave Swartz,	rea code) City Engineer, (530)751-0952		
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
94-600	0 3 0 0			C		
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist.  I. State Controlled Institution of Higher Learning		
	lew Continuation	Revision	C. Municipal	J. Private University		
_		☐ VeAision	D. Township	K. Indian Tribe		
If Revision, enter appropriate	letter(s) in box(es)		E. Interstate	L. Individual		
A. Increase Award B. I	Decrease Award C. Increas	e Duration	F. Intermunicipal G. Special District	M. Profit Organization  N. Other (Specify)		
	er(specify):	·	G. Optoidi Biotilot	The Cultivity (Openity)		
			9. NAME OF FEDERA	AL AGENCY:		
			USDA Rural Dev	elopment		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:		
		1 0 — 7 6 0	City of Biggs Wat	ter Infraștructure Replacement Program		
TITLE: Water and	l Wast Disposal Loan an	d Grant Program				
	PROJECT (Cities, Counties, Sta			1153		
City of Biggs, City Limit	s			AUG 2 6 2008		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	ISTRICTS OF:	· · · · · · · · · · · · · · · · · · ·			
	Dist No.	4 - Wally He	rger			
Start Date Ending Date 2/1/04 2/2/05	a. Applicant  City of	Rigge	b. Project	STATE CLEARING HUUSE   ter System Rehabilitation Project		
15. ESTIMATED FUNDING:	Oity of	, biggs	<del></del>	SUBJECT TO REVIEW BY STATE EXECUTIVE		
			ORDER 12372 PR			
a. Federal	\$	4,675,000 ·		APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	150,000	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372		
c State	\$	150,000	PROCESS	FOR REVIEW ON:		

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:										
		Dist	No	4 _	Wally	Herger						
Start Date	Ending Date	a. Applicant		_	2	Herger b. Projec		ISIA	ALE CLEAR	(ING HO	JUSET	
2/1/04	2/2/05	j	City	of Bigg	s		City Wat	er Sys	stem Rehabilit	ation Proj	ect	
15. ESTIMATE	FUNDING:					16. IS A	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE					Ξ
						ORE	ER 12372 PR	OCESS	57			
a. Federal		\$		4,67	5,000	a YES	S THIS PREA	PPLICA	ATION/APPLICAT	ION WAS M	MADE	
b. Applicant		\$		150	0,000	u. 120		то тн	IE STATE EXECU			
c. State		\$		175	5,000 <sup>°</sup>		DATE	08/2	25/03			
d. Local		\$			.00	b. No.	☐ PROGRA	M IS N	OT COVERED BY	/ E. O. 1237	2	
e. Other	-	\$			.00		OR PROG FOR REV		AS NOT BEEN S	ELECTED (	BY STATE	
f. Program Inco	ne	\$			.00	17. IS T	HE APPLICAN	IT DEL	INQUENT ON AN	IY FEDERA	L DEBT?	
g. TOTAL		\$		5,000	0,000	☐ Ye	es If "Yes," a	ittach a	an explanation.		□ No	
									RETRUE AND CO	-		

City Administrator/Finance Director

b. Title

Kan Previous Edition Usable Authorized for Local Reproduction

Randy Cagle

a. Type Name of Authorized Representative

d. Signature of Authorized Representative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

c. Telephone Number (530) 868-5493

e. Date Signed

<b>APPLICATION FOR</b>				OM	B Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED	Harris Anna Anna Anna Anna Anna Anna Anna Ann	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	ſ
Application Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			<u> </u>	
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	No. Market Co. A. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	
Alpine Water Users	Association		J. gamzanona. am.		
Address (give city, county, State,	and zip code):		1	number of person to be con	tacted on matters involv
745 Rose Lane Unit -	B P.O. Box 122		this application (give a	rea code) da, General Manag	nar 909 337 281
Twin Peaks Ca., 923	91		7 mmp 70. Bloc	za, Ocheral Mana	gCi 000.001.204
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate lette	er in box)
9 5 - 0 4 8 7	8 0 0		A. State	H. Independent School Di	st.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Instituti	on of Higher Learning
<b>✓</b> New	Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate lett	er(s) in box(es)		D. Township E. Interstate	K. Indian Tribe L. Individual	
, , , , , , , , , , , , , , , , , , ,			F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) Non	-Profit Corp.
D. Decrease Duration Other(	specify):		9. NAME OF FEDERA	AL AGENCY:	
		ed to the second construction and constr	USDA		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PR	OJECT:
	ſ	10-760	Water Well Drillin	ng/Costruction/Develo	nment
TITLE: Motor and M	Lasta Dianagal Laga		Construct Ancilla		priiciit
12. AREAS AFFECTED BY PRO	Vaste Disposal Loan ar		Source Improven		
	•	163, 610.7.			
Twin Peaks Ca., San Beri	rardino County				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant	lama I accia	b. Project		
10/3/03 12/3/03 15. ESTIMATED FUNDING:	40th District -	Jerry Lewis	·	Oth District - Jerry Le	
TO ESTIMATED TONDING.			ORDER 12372 PR		I STATE EXECUTIVE
a. Federal	\$	00			
L. AP.		525,720	1	PPLICATION/APPLICATION	
b. Applicant	\$	53,000	1	TO THE STATE EXECUT FOR REVIEW ON:	IVE ORDER 12372
c. State	\$	.00	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	^	
d. Local	· c	0	DATE	3/20/03	
d. Local	\$	0	h No TI PROGRA	/ JM IS NOT COVERED BY E	= O 12372
e. Other	\$	.00	4 —	GRAM HAS NOT BEEN SE	
		0	FOR REV	IEW	
f. Program Income	\$	0.00	47 10 7117 10011011		
g. TOTAL	\$	00	1	IT DELINQUENT ON ANY attach an explanation.	FEDERAL DEBT?  ✓ No
18. TO THE BEST OF MY KNOW	WEDGE AND DELIEE ALL	578,720 APPLIC	1		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	E APPLICANT WILL CON	IPLY WITH THE
a. Type Name of Authorized Repr W. Tracy Lenocker		b. Title President, AWUA I	Board of Directors	c. Telephone Number (909) 337-2845	
d. Signature of Authorized Repres	16 - 1		n on m	e. Date Signed	
LW TRAY	ENERGY	11 E G E		0/20/03	W
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APPLICATION F	FOR	2. DATE SUBMITTED	)	pplicant Identifier		
FEDERAL ASSI	STANCE			3-06-0175-		
1. TYPE OF SUBMISSION		3. DATE RECEIVED	BY STATE	State Application Identific	∋r	
Application	Preapplication	N/A		· N/A		
Construction	☐ Construction	4. DATE RECEIVED	BY AGENCY	Federal Identifier		
M Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational U	nit:		
City of Los Ange	eles	•	1 -			
Address (give city, county,			Name and teleph	es World Airport	s Intacted on matters involving	
7301 World Way V	√est. 8th Floor		this application (	give area code)	The state of the s	
Los Angeles, CA	•		Ulises A	guirre		
			(310) 64	•		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			CANT: (enter appropriate let	ter in box)	
i f			A. State	H. Independent School	C	
8. TYPE OF APPLICATION	2 6 7	5 0 9 3	B. County	I. State Controlled Inst	titution of Higher Learning	
6. THE OF APPLICATION			C. Municipal D. Township	J. Private University K. Indian Tribe		
<b>₽</b> New	☐ Continuation	Revision	E. Interstate	L. Individual		
If Revision, enter appropria	ate letter(s) in box(es)		F. Intermunicipa	M. Profit Organization of N. Other (Specify):		
A. Increase Award	B. Decrease Award	C. Increase Duration	o. oposiai bioai	or A. Other (opeciny).		
D. Decrease Duration	1	o. morease bulation	9. NAME OF FEDE	RAL AGENCY:		
				Aviation Administ	cration	
10. CATALOG OF FEDERAL DO	OMESTIC I		Airports	Division TITLE OF APPLICANT'S PROJE		
ASSISTANCE NO.	2	0 - 1 0 6	1 .	International A		
TITLE:				: Master Plan Stu		
				II (EIR/EIS)		
12. AREAS AFFECTED BY PR	OJECT (cities, counties, s	tates, etc.):				
Ontario Inter City of Ontar	national Airpor	t		101-5-6		
- ,	Bernardino, Ca	lifornia		IIn		
13. PROPOSED PROJECT		ONAL DISTRICTS OF:	<u> </u>		<u> </u>	
Start Date Ending				b. Project		
2003 200	4 District	34 (Los Angele	es City Hal		EADING HOUGE	
1E FOTBLITTO FURNIS			1	OIAIL O	EARING HOUSE	
15. ESTIMATED FUNDING: a. Federal				STATE EXECUTIVE ORDER 12		
	1,439,718 .00	a. YES. THIS PREAP STATE EXEC	CUTIVE ORDER 12372	ION WAS MADE AVAILABLE TO PROCESS FOR REVIEW ON:	THE	
b. Applicant	479,906 .00	DATE				
c. State	.00		AM IS NOT COVERED			
d. Local		,			1971 Marin A 7	
e. Other	.00.	UR PRO	JORAM HAS NOT BEE	N SELECTED BY STATE FOR R	EVIEW	
·	.00					
f. Program Income	.00	17. IS THE APPLICANT	DELINQUENT ON ANY	FEDERAL DEBT?		
g. TOTAL		☐ Yes, If "Yes", att	tach an explanation	<b>₽</b> No		
18. TO THE BEST OF MY KNO	1,919,624 .00 WLEDGE AND BELIEF, ALL D		•		DOOL MATERIAL DESCRIPTION OF	
AUTHORIZED BY THE GOVERN	ING BODY OF THE APPLICAN	IT AND THE APPLICANT W	ILL COMPLY WITH THE	E ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWARDED	
<ul> <li>Typed Name of Authoriz</li> <li>Lydia H. Kennar</li> </ul>	ed Representative		b. Title		c. Telephone number	
d. Signature of Authorized	·		Executive	νırector	(310) 646-6250	
Jiginataro Ol Atturiotizeu	. soprosonauve				e. Date Signed	
Mynd	eal file	mara	$\overline{}$		8/15/03	
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		•				OMB Approval No. 0348-0043			
<b>APPLICATIO</b>			2. Date Submitted	(mm/dd/yyyy)	Applicant Identifier				
FEDERAL AS	SSISTANCE		08/08	3/2003					
1. Type of Submiss Application		plication	3. Date Received by	y State (mm/dd/yyyy)	State Applicant Identifier				
Construction	Cor	nstruction	4. Date Received by	y Federal Agency	Federal Identifier				
	on No	n-Construction	(mm/dd/yyyy)						
5. APPLICANT INF	CORMATION								
Legal Name:	ORMATION			Organizational Unit:					
Legal statile.	CDR In	vestors		-	a California Limited Pa				
Address (give city, cou	nty, state, and zip code):			Name and telephone nu application (give area co	umber of the person to be contacted by the contacted by t	ed on matters involving this			
2051 Hilltop Drive Redding, CA 9600				Daivd Rutledge (530) 221-6960					
6. EMPLOYER IDE	NTIFICATION NUMB	ER (EIN):		7. TYPE OF APPLIC	CANT:	P			
5	6 – 2	3 8 2 7	8 4	A. State B. County		d Institution of Higher Learning			
8. TYPE OF APPLI	CATION:			C. Municipal	K. Indian Tribe	•			
	C N	Cartinuation	Revision	D. Township E. Interstate	<ul><li>L. Individual</li><li>M. Profit Organizal</li></ul>	tion			
	☐ New	Continuation	₩ Kevision	F. Intermunicipal	N. Nonprofit				
If Revision, enter appro	priate letter(s) in box(es)	:		G. Special District	O. Public Housing	Agency			
A. Increase Award B. Decrease Award C. Increase Duration				H. Independent School	of Dist. P. Other (Specify)	CA L.P.			
D. Decrease Duration Other (specify):				9. NAME OF FEDERAL AGENCY: USDA / Rural Development					
Transfer and Assumption					005/1/110/0.50/0/	, p. n. s. n.			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)				Casitas Del Rio	TITLE OF APPLICANT'S PROPERTY Apartments plex consisting of 1, 2 and 3 by				
TITLE:				located in Rio Vi	·	proj proj			
10 10510 1550	TED BY PROJECT	/siting asymtias st	aton oto l:						
12. AREAS AFFEC	TED BY PROJECT	(Cities, Counties, st	ates, etc./.	THE CALL OF THE CA					
	Rio Vista, Sola	ano, California				AUG 26 2000 11 11			
						bosonus **			
13. PROPOSED PF	ROJECT:	14. CONGRESSI	ONAL DISTRICTS OF	: :	CTA	LE CLEVDING HOHER			
Start Date	Ending Date	a. Applicant			b. Project JIA	E OLLANING MUUSE			
(mm/dd/yyyy)	(mm/dd/yyyy)		2			3			
15. ESTIMATED FU	JNDING:					VE ORDER 12372 PROCESS?			
					ICATION WAS MADE AVAILABLE 12372 PROCESS FOR REVIEW				
			DATE	(mm/dd/yyyy)					
	1111D 404 M			-					
Complete for	m HUD-424-M, I	-unding Matrix	b. NO	PROGRAM IS NOT COVE	RED BY E.O. 12372				
			or 🛛	PROGRAM HAS NOT BEE	EN SELECTED BY STATE FOR R	EVIEW			
			☐ Yes	If "Yes," attach an explai		No			
					HE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS AWARDED				
a. Typed Name of Auth		F		b. Title	ral Partner Community	c. Telephone number (Include Area Code) (530) 221-			
	David Rutledge, Its:	Executive Director	n. mare de la companya de la company	Revitalization and D	ral Partner, Community evelopment Corporation, a	(Include Area Code) (530) 221- 6960			
d. Signature of Authori	zed Representative			California nonprofit	public benefit corporation	e. Date Signed (mm/dd/yyyy)			
a. digitatore of mainten	hija 4	$\bigcirc$ , $\wedge$	2123			8/8/2003			
6	16 1 1 / W - I	ヘコスサリ	U A LOS			1 4/0/2003 1			

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Standard Form 424

Aug 19 03 09:04a

Dauwalder Engineering

(916) 266-0176

р. З

100/1017ION FOR			омв Ар	proval No. 034 3063	
APPLICATION FOR	2. DATE SUBMITTED		Applicant Identifier	——————————————————————————————————————	CEIVE
FEDERAL ASSISTANCE	Z. DATE GGENNTING				Z-INFL
1. TYPE OF SUBMISSION:	3. DATE RECEIVED BY	STATE	ATE State Application Identifier		CEIVED 2 1 2003
Application Preapplication  Construction Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Faderai Identifier	STATE	ARING HOUSE
Non-Construction Non-Construction				TE CLE	4RING
S. APPLICANT INFORMATION Legal Name:	The second secon	Organizational Unit	0		HOUSE
CITY OF WHEATLAND			ITY OF WHEATLE		SE
Address (give city, county, Stale, and zip code): P.O. Box 395			number of person to be contacte area code)  ON, CITY ADMINISTR.		ı
313 MAIN ST. WHEATLAND, CA 95692		633 (453)	1-276/		
G. EMPLOYER IDENTIFICATION NUMBER (EIN):	,	7. TYPE OF APPLIC	ANT: (enter appropriate letter in l		ı
94-6000452		0 01-1-	H, Independent School Dist.	다	•
		A. State B. County	I. State Controlled Institution of	Higher Learning	
B. TYPE OF APPLICATION:		C. Municipal	J. Private University	•	į
New Continuation	Revision	D. Township	K, Indian Triba		
If Revision, enter appropriate letter(s) in box(as)	7 🖂	E interatate	L. Individual		I
	J	F. Intermunicipal	M. Profit Organization		
A, increase Award	e Duration	G. Special District	K. Olhor (Specify)		
D. Decrease Duration Other(specify):		9. NAME OF FEDER	AL AGENCY:		
		11. S. DEPT.	ALAGENCY: OF AGRICULTURE T, RURAL UTILITIES	- RURAL DE-	
		VEROPMEN:	T, RURAL UTILITIES	SERVICE	
TO A POLICE TO A COLOTANICE IN	ustan ED.	11 DESCRIPTIVE T	ITLE OF APPLICANT'S PROJE	CT:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE N		Canadanana	I DOMESTIC WASTE	WATER	
	10-760		IMPROVEMENTS FOR	& THE CITY	
TITLE: WATER & WASTE DISPOSAL LOA	N & GRANT MOGRA	OF WHEAT	TI AND	·	
12 ADEAS AFFECTED BY PROJECT (Clies Counties, St	6186, 61C.):	OF WAEL			
CITY OF WHEATLAND, YOBA COUNTY (A.					
	PETRICTS OF:	<u> </u>			
13. PROPOSED PROJECT 14. CONGRESSIONAL D	SIRICIS OF.				
Start Date Ending Data J. Applicant DEC - 2004 2 CONGRESSIO	WAL DISTR. OF C.	6. Project (SA	NE)		
15. ESTIMATED FUNDING:		16 IS AFFLICATION	TE YE WEIVEN OT TOELBUS	ATE EXECUTIVE	
		ORDER 12972 P	ROCESS?		
a. Federal \$ 7407	70 <i>C</i>	VED THE DOS	EAPPLICATION/APPLICATION V	VAS MADE	ĺ
7,487,3	20 G.	AVAILABI	E TO THE STATE EXECUTIVE	ORDER 12372	
b. Applicant S		f .	FOR REVIEW ON:		
c. State	ca	DATE	the state of the s		
d. Local S	. •	U. No. D PROGR	VAM IS NOT COVERED BY E.O.	12372	
e. Other s	.w	OR PRO	GRAM HAS NOT BEEN SELEC IVIEW	ITED BY STATE	
f, Program Income \$	OE'	17 IS THE APPLICA	ANT DELINQUENT ON ANY FEI	DERAL DEBT?	
g. TOTAL S 7,487,3	20/-	₹	'adach an explanation.	₩ No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, AI	LI DATA IN THIS APPLIC	ATIONIPREAPPLICA	TION ARE TRUE AND CORRE	CT, THE	
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE G	OVERNING BODY OF TH	E APPLICANT AND T	THE APPLICANT WILL COMPL	Y WITH THE	-
ATTACHED ASSURANCES IF THE ASSISTANCE IS AW					
a. Type Name of Authorized Representative	b Title		c. Telephone Number	77.1	
JIM THOMPSON	CITY ADMIN	II.STRATOR	(530) 633-2	101	
d. Signature of Authorized Representation		**	e. Date Signed  8 - 21-07		
Previous Edition Usable)			Standard Form 424	(Rev. 7-97)	i
Authorized for Local Reproduction			Prescribed by OMB		

APPLICATION FOR				OMB Ap	proval No. 0348-0
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier	
Application Construction	Preapplication  Construction	A BATE DECEMEN			
Non-Construction	Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
	NAC MODICAL CO	NTGR-	Organizational Unit: PACUTE CH	ORG HOSPINGIL	
Address (give city, county, State			Name and telephone r	number of person to be contacted rea code)	on matters involv
Coluse Call	10mm 9598		- 1 1 1 1 1 1	AMS 530-USB-58	21 Ged 260
8. EMPLOYER IDENTIFICATION  31 - 1750	N NUMBER (EIN)	AUG 2 1 2003		H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of H	ligher Leaming
⊠. Ne	w □ ContinGalidh [ E	CLEARNING HO	16 Municipal	J. Private University	
If Revision, point appropriate in		OLEVIVIA III		K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in bax(es)			L. Individual	
	crease Award C, Increase	Duration		M. Profit Organization N. Other (Specify)	
			9. NAME OF FEDERA	L AGENCY:	
			United Stan	les Ded . Of AGNZU	Hure
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT	:
		10-766			_
TITLE (Ammun)	to Facilities		MEDICAL	OFFICE BUILDING	9
TITLE: (Ammun)	DJECT (Cities, Countles, State	es etc.):	1	;	
	NUSA CAUFORN				e e e e e e e e e e e e e e e e e e e
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
Start Date Ending Date 404 10004	a. Applicant		b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION S	UBJECT TO REVIEW BY STATI	FEYECUTIVE
ı. Federal		Q£	ORDER 12372 PRO		
. redeia	\$ 1,792,500		A VES THE DOCAR	DI ICATION (DRIVETION)	
. Applicant	\$	80,	AVAILABLE T	PLICATION/APPLICATION WAS TO THE STATE EXECUTIVE OR OR REVIEW ON:	
. State	\$	. Off	DATE _9		
. Local	\$	.10			
Other - RCAC	\$ 1,772,500	2		1 IS NOT COVERED BY E. O. 123 RAM HAS NOT BEEN SELECTED Blov	
Program Income	\$	an	TOR REVIE	; <b>vv</b>	
. TOTAL	\$	00	**	DELINQUENT ON ANY FEDER	AL DEBT?
	3,545,000		Yes If "Yes," att	·	Mo No
ocument has been duly ,	AUTHORIZED BY THE GOV	ERNING BODY OF THE	ATION/PREAPPLICATION APPLICATION THE	ON ARE TRUE AND CORRECT, I APPLICANT WILL COMPLY WI	THE TH THE
I FACHED ASSURANCES IF T	HE ASSISTANCE IS AWARI	DED.			
Type Hame of Authorized Repr	ς	. Title Clase & Floorces	MOSSICON C.	Telephone Number 530-958-5821 G	H. 252
Signature of Authorized Repres	entative			Date Signed 8/21/03	
Pavious Edillog Lleable					

i. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g TOTAL ? 79.076 00 If "Yes" atrach an explanation ж No 18. TO THE BEST OF MY BNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN OULY AUTHORISED BY THE GOVERNING EDDY OF THE APPLICANT AND THE LUPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCE IF THE ASSISTANCE IS AWARDED.

A. Typed Three of Authorized Representative Sandya C. Sigula

£.

b. Title TRIBAL CHAIR

no

c. Telephone Number (707) 744-1647

e. Date Signed

3/16/03 Standard Form 424 IREV 4.88; Prescribed by OMBCarcular A.102

OMB Approval No. 0348-0043

APPLICATION FOR					Approval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED August 20	2003	Applicant Identifier CHOWCHILLA EI	OBG 03/04
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	•	State Application Identifier	
	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction		7		
5. APPLICANT INFORMATION Legal Name:		non Ratio	Organizational Unit:		
Madera County Econo	omic Development	Commission		ntion & expansion	
Address (give city, county, State,	and zip code0: \ \5 \	1		number of person to be contact	ted on matters involving
2425 W Cleveland, St Madera, CA 93637	te. 101	NG 20 2003		by Kahn (559) 675	
6. EMPLOYER IDENTIFICATION	NUMBER (EML)	ECIEARINGHIC	TYPE OF APPLICA	NT: (enter appropriate letter i	n box)
9 4 - 1 6 8 3	270	ENTENRING IN	A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:	ISTAT		B. County	State Controlled Institution	of Higher Learning
	_ \	☐ Revision	C. Municipal	J. Private University	
<b>☑</b> New	Continuation		D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
71. 111010000 1 111010	rease Award C. Increase	e Duration	G. Special District		JPA
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:	
		and the state of t	United States De	epartment of Agriculture	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJ	IECT:
		1 4 - 2 4 6	CDBG SMALL B	USINESS REVOLVING	LOAN FUND
ODDC Feen	omic Development Co	mpopent	CITY OF CHOW	CHILLA	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ates, etc.):			
County of Madera	•				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant	NINTY EDO	b. Project	Third	
1/1/04 12/30/05	MADERA CO	DUNIY EDC	16 IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PI		
a. Federal	\$	200,000		APPLICATION/APPLICATION	
b. Applicant	\$		3	E TO THE STATE EXECUTIV FOR REVIEW ON:	'É ORDER 12372
c. State	\$	.00	DATE		
d. Local	\$	,00		AM IS NOT COVERED BY E.	
e. Other	\$	,00 ,	OR PRO	GRAM HAS NOT BEEN SELE VIEW	ECTED BY STATE
f. Program Income	\$	CO	17. IS THE APPLICA	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	\$	200,000		attach an explanation.	<b>☑</b> No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF TH	CATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORF THE APPLICANT WILL COMF	RECT, THE PLY WITH THE
ATTACHED ASSURANCES IF		ARDED. b. Tille		c. Telephone Number	
a. Type Name of Authorized Rep ROBERT RAHN, JR.		EXECUTIVE DIRE	CTOR	(559) 675-7768 e. Date Signed	
d. Signature of Authorized Repre	esertative			Standard Form 4	24 (Pay 7-97)

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APPLICATION FOR					VIB Approval No. U348-UU43		
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
		3/3//2	2003				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifie	er		
Application	Preapplication						
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	Paris		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION			Organizational Unit	Economic Deve	lonmont		
Legal Name:	n		Division C N	ECOHOMIC Deve.	ities Dent		
City of Stockto Address (give city, county, State	and zip code).		Division & Municipal Utilities Dept.  Name and telephone number of person to be contacted on matters involving				
425 N. El Dorad	o Street		this application (give a	rea code) Steve (	Carrigan,		
Stockton, CA 9			Director, Ed	conomic Develop			
San Joaquin Cou	nty	·	(209) 937-89	959			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate lef			
94-6000	4 3 6			All budgers and 1000 100	C C		
			A. State	H. Independent School D	i		
8. TYPE OF APPLICATION:			B. County C. Municipal	<ol> <li>State Controlled Institution</li> <li>Private University</li> </ol>	non or riigher Learning		
X Nev	v Continuation	Revision	D. Township	K. Indian Tribe			
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual			
a manatora oritor appropriate let			F. Intermunicipal	M. Profit Organization			
A. Increase Award B. Dec	crease Award C. Increas	se Duration	G. Special District	N. Other (Specify)			
D. Decrease Duration Other	specify):						
			9. NAME OF FEDERA	AL AGENCY:			
****			Economic Dev	velopment Admir	nistration		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PI	ROJECT:		
		1 1 - 3 0 0	Construction	on of Water and	d Rail		
3773 4	Da1a		Infrastruct	ture for South	Stockton		
TITLE: Economic  12. AREAS AFFECTED BY PR	Development &	rublic works	Infrastructure for South Steel Industrial District				
12. AREAS AFFECTED BY PH	OJEC1 (Cities, Counties, 5	iales, etc.):	Industrial	DISCITCE			
City of Stockto	n, County of Sa	an Joaquin			AUG 2 0 200		
13. PROPOSED PROJECT	14. CONGRESSIONAL D				AUG 2 0 ZU		
Ştart Date * Ending Date	a. Applicant		b. Project		STATE CLEARING H		
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S. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE				
		80	ORDER 12372 PF	ROCESS?			
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b. Applicant	\\ 3.3	 388 <b>,</b> 786	1	FOR REVIEW ON:	TOTAL OF SOME FROM		
c. State	\$	.00	1 11.002.00				
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· · · · · · · · · · · · · · · · · · ·				AM IS NOT COVERED BY			
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		00	7	INT DELINQUENT ON AN			
g. TOTAL	\$ 9,3	68,786	Yes If "Yes,"	attach an explanation.	No		
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DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	OVERNING BODY OF TH	E APPLICANT AND T	HE APPLICANT WILL CO	MPLY WITH THE		
ATTACHED ASSURANCES	THE ASSISTANCE 18 AV	VARDED.					
a. Type Name of Authorized Re	presentative	b. Title		c. Telephone Number			
Mark Lewis		City Manage	r	(20,9) 937-8	294		
d. Signature of Authorized Agpr	esentative /	/		e. Date Signed			
	The I'm	and the same of th		1 212103			
Previous Édition Usable		The state of the s			m 424 (Rev. 7-97)		
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& TYPE OF APPLICATION	_			_	D. Township	<b>K</b> .	indlen Tillle Individual		
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1001164 TIOU TOP				OMB Apiroval No. 0348 0043	
APPLICATION FOR		2. DATE SUBMITTED		Apprenit Meritifer	
FEDERAL ASSISTANCE	CE				
		3/7/2003 1. DATE RECEIVED BY STATE		State Application identifier	
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	Teapplication Construction	4. DATE RECEIVED BY FE	DERAL AGENCY	िल्लाची विद्यावित	
	Non-Construction				
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Audiess igive diry, county, State, a	11971		s application (give are		
3250 Road I	OEAHAD)			nnsen,Tribal Chairperson	
Redwood Valley, CA	324 14 11 Ano				
8. EMPLOYER IDENTIFICATION	HUMBER (EN)		TYPE OF APPLICA	NT: (enter appropriate letter in box)	
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D. Decrease Duration Other paper	ecity):	9.	NAME OF FEDERA	L AGENCY:	
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IV, CALALUG OF FEDERAL DUR	TOTAL CICCIAN PIRCUIT			C) I C - D T-4465	
	1		Feasibility Study of a Pomo Indián Cultural Facility		
TITLE:			Cultural F	actifity	
12 AREAS AFFECTED BY PROJ		ves. elc.):			
Mendocino County,	CA				
13. PROPOSED PROJECT 1	4. CONGRESSIONAL DI	STRICTS OF:			
14. PROPOSED PRESECT					
Start Date Ending Date of	ь Аррісані	ն.	Project		
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15. ESTIMATED FUNDING:		[19	ORDER 12372 PR		
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a. Federal	72,017	•	a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE	
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c. State	\$ 4.000	Car	<b>GETT</b>		
	4,000	-			
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g. TOTAL	91,160	.*	Yes [[ "Yes."	attach an explanation. No	
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10. TO THE BEST OF MY KNOW	LLDGE AND BELIEF, AL	WERNING BODY OF THE	APPLICANT AND TI	HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AW	URDED.			
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J. Type Name of Millionized Republic  J. Stylind The Of Number 12 of Repuesion	THINKES	Tribal Chairpe	erson	707 - 485 - 0361	

APPLICATION FOR					pproval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicant Identifier	
		8-20-2003		RBOG.	
1, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	EEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	4. DATE RECEIVED BY	PEDERAL AGENCI	r edetar identifier	
5. APPLICANT INFORMATION					
Legal Name:	(五周凤居,	D.W.E.JnII	Organizational Unit:	stan O aumanaian	
Legal Name: Madera County Econo	omid Development	Wommission		tion & expansion	-d i i
Address (give city, county, State, 2425 W Cleveland, St	11-1	. o 2003  U	this application (give ar	umber of person to be contact ea code) by Kahn (559) 675-	
Madera, CA 93637  6. EMPLOYER IDENTIFICATION	LIU		7 TYPE OF APPLICA	NT: (enter appropriate letter in	box)
94-1683	2 7 0 1 5 0 1 5	ARING HOUSE		H. Independent School Dist.	N
8. TYPE OF APPLICATION:	The low of the second	and the second s	1	I. State Controlled Institution of	of Higher Learning
☑ New	☐ Continuation	Revision	1	J. Private University	_
-		hand 100 and 100		K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		1	L. Individual M. Profil Organization	
A. Increase Award B. Decr	ease Award C. Increase	Duration	,		PA
D. Decrease Duration Other(s					
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10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU			LE OF APPLICANT'S PROJE	
		1 0 - 7 7 3		UPDATE THE COMPRE 'ELOPMENT STRATEG	
TITLE: RURAL BUS  12. AREAS AFFECTED BY PRO	INESS OPPORTUNIT			TY OF MADERA, CALIF	
CITY & COUNTY OF MAD	JEHA, CITY OF CHOV	WOHILLA			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF: Dist	19-R Radonovi	ch, George	
	a. Applicant	LINE / EDO	b. Project	The Const	
3/1/04 12/30/04	MADERA CO	UNIYEDC	40 (O APPLICATION	Third SUBJECT TO REVIEW BY ST	TATE EVECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PR		ATE EXECUTIVE
a. Federal	\$	50,000		PPLICATION/APPLICATION \	j
b. Applicant	\$	2,150	1	TO THE STATE EXECUTIVE FOR REVIEW ON:	ORDEH 12372
c. State	\$	.00	DATE		
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g. TOTAL	\$	00	1	IT DELINQUENT ON ANY FE	
	,	52,150	1 —	attach an explanation.	₩ No
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ATTACHED ASSURANCES IF		T		T. I. aliana a N	
a. Type Name of Authorized Repr ROBE <del>RT K</del> AHN, JR.		b. Title EXECUTIVE DIRE		c. Telephone Number (559) 675-7768	
d Signature of Authorized Repres	sentative			e. Date Signed 8-20-03	

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OMB Approval No. 0348-0043

PPLICATION FOR		2 DATE SUBMITTED		Applicant Identifier
EDERAL ASSISTAN	AL ASSISTANCE 8/20/03			CA03001
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Construction	reapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
X Non-Construction     APPLICANT INFORMATION	Non-Construction			
gal Name: CITY OF ANAHEIM				DLICE DEPARTMENT
Idress (give city, county, State, a	and zip code)		1	number of person to be contacted on matters involving
200 S. Anaheim Bly Anaheim, CA 9280	7d.	inty, CA)	(714) 765-	, Police Grants Coordinator -1899
EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enler appropriate letter in box)  C  H. Independent School Dist.
TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
Type of application.	☐ Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
Revision, enter appropriate lette	er(s) in box(es)		E Interstate	L, Individual M. Profit Organization
A. Increase Award B. Decr	ease Award C. Increa	Sepuration V B	F. Intermunicipal G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	:pecify):	<b>^ ^</b> 0 0000	9 NAME OF FEDER	
	La	<u>aug 2 0</u> 2003	U.S. Depa	artment of Justice
0. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	NUMBER:		TITLE OF APPLICANT'S PROJECT:
	her rains to water here		1 SFY 2003 CO	OPS Safe Schools Initiative -
Public S	afety Partners	hip and		chool Project
TITLE: Communit	v Policine Gran	nts (B)	-	
12. AREAS AFFECTED BY PRO		states, etc.).		
CITY OF ANAH	EIM			
13.PROPOSED PROJECT Safe Schools Offic	14. CONGRESSIONAL ers 39, 41,	DISTRICTS OF: 45, 46 & 47		
Start Date Ending Date	a. Applicant		b. Project	OOLS OFFICERS
	CITY OF ANA	HEIM	16 IS APPLICATIO	ON SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372	
a. Federal	\$ 106	750	Charle Mile De	REAPPLICATION/APPLICATION WAS MADE
b. Applicant	\$	5,750	AVAILAE	BLE TO THE STATE EXECUTIVE ORDER 12372
	\$	/m		SS FOR REVIEW ON:
c. State		UN.	DATE _	8/20/03
d. Local	\$ 	00	b. No.   PROC	GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE
e. Other	5	*	li .	REVIEW
f. Program Income	\$	ρο		CANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		6,750	1	s," attach an explanation.
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	COAFKNING BODY OF	LICATION/PREAPPLIC THE APPLICANT AND	CATION ARE TRUE AND CORRECT, THE DITHE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re		b. Title CHIEF OF J	POLICE	c. Telephone Number 765-1986
ROGER A. BAKER d. Signature of Authorized Rep	resentative) Pa	,0		e. Day Signed 8//3/03
Previous Edition Usable	- Design		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

Authorized for Local Reproduction

Prescribed by OMB Circular A-102

APPLICATION FOR				OMB A	proval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August	5, 2003	Applicant Identifier N/A	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
Construction Non-Construction 5. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier 06-01513	
Legal Name: California - Department	\	n	Organizational Unit:	tment of Parks and Recre	etion
California 06 S  6. EMPLOYER IDENTIFICATION:  8. TYPE OF APPLICATION:  No  If Revision, enter appropriate le  A. Increase Award B. De  D. Decrease Duration Other  10. CATALOG OF FEDERAL E	acramento 067 04296-0001 ON NUMBER (EIN):  W Continuation  Mer(s) in box(ea)  crease Award C. Increase ((specify):	MBER: 1 5 — 9 1 6  lopment & Planning	Name and telephone this epplication (give a Betty Ettinger (918) 651-8174 7. TYPE OF APPLICA  A. State  B. County C. Municipal D. Township E. Intermunicipal G. Special District  9. NAME OF FEDERA Department of the National Park Ser	ANT: (enter appropriate letter in the interior state)  H. Independent School Dist. I. State Controlled Institution of J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)  L. AGENCY: Enterior Vice - Western Region 14  LE OF APPLICANT'S PROJECT Velopment S.D.	d on matters involving box) A Higher Learning
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
Start Date   Ending Date   6/30/08	a. Applicant 03		b. Project	1	- Andrews of the Angres of the
15. ESTIMATED FUNDING:			16. IS APPLICATION S ORDER 12372 PR	SUBJECT TO REVIEW BY STA OCESS?	TE EXECUTIVE
a. Federal b. Applicant	\$	49,470		PPLICATION/APPLICATION WA	
c. State	1 \$	49,470		FOR REVIEW ON:	NDER 12372
d. Local	\$	<u>Δ</u>	DATE	08/04/03	
e. Other	\$		b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STA		
f. Program Income	\$	,00		T DELINQUENT ON ANY FEDE	DAI DEDT2
g. TOTAL	\$	98,940	Yes If "Yes," at	tach an explanation.	☐ No
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a. Type Name of Authorized Rep Ruth Colemian	resentative b	. Title Acting Director, Parl		:. Telephone Number (916) 653-7423	
d. Signature of Authorized Repres	sentative			Date Signed/	
Previous Edition Usable Authorized for Lacal Reproduction	J	-		Standard Form 424 (R Prescribed by OMB Cir	,

APPLICATION FO				OMB Apploval No	
FEDERAL ASSISTANCE		GotTE St. See T		OMB Approval No. 034 Applicant Identifier	
		إقرة القوا	gust 5, 2003	NA	
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garname. Palifornia - Departmen	nt of Parks and Recre		Organizational Unit:		
dress (give city, county, Si	in or Parks and reacre	TO E I W	California Depar	tment of Parks and Recreation	
ost Office Box 94289	iale, and zip code):	医医医儿童	5 Name and telephone	number of person to be contacted on many	rs inv
Sacramento 3150	Sacramento 007		抑約application faive a	rea code)	
California 06	94296-0001	ALIO 1 O DOS	Betty Ettinger		
EMPLOYER IDENTIFICAT	TION NUMBER (FIN)	AUG_1_9_200	3 (916) 651-8174		
			TYPE OF APPLICA	NT: (enter appropriate letter in box)	
			A Salara	A	
TYPE OF APPLICATION:	SA	FE CLEARING	HOUSE COLOR	H. Independent School Dist.	
	law Continuesia.	- Marian Company of the Company of t		State Controlled Institution of Higher Lea	ming
		. Las Rovinson	D. Township	Private University     K. Indian Tribe	
evision, enter appropriete	letter(s) in Lex(e3)		E. in arstate	L. Individual	
		Second Co.		에. Profit Organization	
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TITLE: Outdoor Re	creation - Acquisitപ്പ, D	levelcoment & Pleanin	6 Manita Dunes Der Manita Dunes C.S 1901 Park Street	velopment	
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	creation - Acquisitum, D ROJECT (Cities, Comities	- 9 1 ] evelopment & Plennin	6 Manita Dunes Der Manita Dunes C.S 1901 Park Street	velopment	
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## **APPLICATION FOR** OMB Approval No. 0348-0043 FEDERAL ASSISTANCE 2. DATE SUBMITTED Applicant Identifier August 4, 2003 N/A 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE State Application (dentifler SAI-EXEMPT Application Construction Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 06-01507 5. APPLICANT INFORMATION Legal Name: Ofganizational Unit: California - Department of Parks and Rec ்டிர்ப்பார் Department of Parks and Recreation Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving Post Office Box 942896 this application (give area code) Betty Ettinger Sacramento 3150 Sacramento 067 AUG 9 2003 California 94296-0001 06 (916) 651-8174 8. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 TYPE OF APPLICANT: (enter appropriate letter in box) Sin STATE CLEARING HO Α H. Independent School Dist. 8. TYPE OF APPLICATION: B. County i. State Controlled Institution of Higher Learning New New C. Municipal J. Private University Continuation Revision D. Tawnship K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Docrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 5 - 9 1 6 Trancas Parkland Acquisition TITLE: Outdoor Recreation - Acquisition, Development & Planning City of Napa 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community Resources Department 1100 West St., POB 660 06-50258 Napa, CA 94559 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project 11/1/03 6/30/08 03 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal S 101,898 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 101,898 PROCESS FOR REVIEW ON: c. State \$ 08/03/03 DATE d. Local 5 b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ ۸٨ [] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ Yes If "Yes," attach an explanation. 203,796 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative

Ruth Coleman

Acting Director, Parks and Recreation (916) 653-7423

e. Date Signed

B. Title

c. Telephone Number

Acting Director, Parks and Recreation (916) 653-7423

e. Date Signed

B. Title

c. Telephone Number

(916) 653-7423

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Authorized for Local Reproduction

FEDERA	L ASSIST	ANCE	2. DATE SUBMITTE	0		Approval No. 0348
		ANOL	Augus	st 5, 2003	Applicant Identifier N/A	
1. TYPE OF S  Application Constru		Preapplication Construction	3. DATE RECEIVED		State Application Identifier SAI-EXEMPT	
Non-Co	nstruction T INFORMATIO	Non-Construction		BY FEDERAL AGENCY	Federal Identifier 06-01515	
egal Name:			<u> </u>	Organizational Unit:		
California	Department	of Parks and Recreat	tion	California Depar	tment of Parks and Recr	eation
Post Office Sacrament	Box 942896 o 3150 s	Sacramento (657)	AUG 1 9 2003	Name and telephone	number of person to be contact	
- EMPLOYER	DENTIFICATION	94296-0001 ON NUMBER (EIN): STA	TE CLEARING H	OUTE OF APPLICA	ANT: (enter appropriate letter ir	A A
TYPE OF A	PLICATION:			A. State B. County	H. Independent School Dist.	
	₩ Ne	w Continuation	Revision	C. Municipal	State Controlled Institution of     Private University	n rigner Learning
Revision, en	<del></del>	tter(s) in box(es)		D. Township	K. Indian Tribe	
	PP-OPHAIA 10	(Col(o) ii) DOX(OS)		E. Interstate	L. Individual	
A. Increase A D. Decrease I	ward B. De Duration Other	crease Award C. Increa	se Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
				9. NAME OF FEDERA		
				Department of the	Interior	
CATALOG	OF FEDERAL P	OMESTIC ASSISTANCE	11111		vice - Western Region 1	
- ers renigoro	- FEDERAL D	OMESTIC ASSISTANCE		11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJE	CT:
	O. 1840 -		1 5 - 9 1 8	Hiller Park Develo	pment	
TITLE:	Outdoor Recr	eation - Acquisition, Dev	elopment & Planning	McKinleyville Con	nmunity Services District	:
	ECTED BY PR	OJECT (Cities, Countles, St	ates, etc.):	P.O. Box 2037	rks and Recreation	
6-44910				McKinleyville, CA	95519	
. PROPOSE()	PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
art Date	Ending Date	a. Applicant		b. Project		
11/1/03	6/30/08	0	3		1	
ESTIMATED	FUNDING:				BUBJECT TO REVIEW BY STA	ATE EXECUTIVE
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			28,713 <sup>~</sup>	VES THE PRESE	ODI IOA TIMALA DA CARA CARA CARA CARA CARA CARA CARA	
Applicant		\$	28,713	AVAILABLE .	PPLICATION/APPLICATION W TO THE STATE EXECUTIVE ( OR REVIEW ON:	AS MADE ORDER 12372
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Other		\$	.00	6. No. ☐ PROGRAM ☐ OR PROGR FOR REVIE	I IS NOT COVERED BY E. O, RAM HAS NOT BEEN SELECT W	12372 ED BY STATE
rogram Incom	<del>\$</del>	\$	<u>0</u> 0			
OTAL		\$	57,426	Yes If "Yes," att	DELINQUENT ON ANY FEDE ach an explanation.	□ No
TACHED ASS	URANCES IF T	HE ASSISTANCE IS AWAI		TION/PREAPPLICATION APPLICANT AND THE	N ARE TRUE AND CORRECT APPLICANT WILL COMPLY	T, THE WITH THE
/pe Name of A th Coleman	Authorized Repre	esentative	b. Title Acting Director, Park	cs and Recreation (	Telephone Number 916) 653-7423	
Do (-C)-	thorized Represe			e.	Date Signed	
orized for Loca	al Reproduction				Standard Form 424 (R	Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED		Applicant toentifier	OMB Approval No. 0348-0043	
1. TYPE OF SUBMISSION:  Application Preapplication Construction Construction	3. DATE RECEIVED BY	STATE	State Application Identifier		
	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	and the state of t	
Non-Construction : Non-Construction  5. APPLICANT INFORMATION	The state of the s	andrones in the control of the contr	Street Street was given man on the consequence of a street was proportion on the desirement for the same over t	ANGENING BELLEGO, IN ALTERNAÇÃO MENTANTO DE LA MANTENE CONTRACTOR DE LA CONTRACTOR DE LA MANTENE LA MANTENE LA	
Legal Name:		Organizational Uni			
BROOKTRAILS TOWNSHIP COMMUNITY	SE VICEN DES	CAL	IFORNIA SPECIAL D	ISTRICT	
Address (give city, county, state, and zip code):		Name and telephor this application (g	ne number of the person to be ive area code)	contacted on matters involving	
WILLITS, CA 95490	<b>JG 19</b> 2003	(707) 459			
6. EMPLOYER IDENTIFICATION NUMBER (EINSTATE (	LEARING HOL	State H. Independent School Dist.  B. County I. State Controlled Institution of Higher Learning			
8. TYPE OF APPLICATION:		C. Municipal D. Township	J. Private Universi K. Indian Tribe	ty	
■ New ☐ Continuation	on Revision	E. Interstate	L. Individual		
If Revision, enter appropriate letter(s) in box(es):  A. Increase Award  B. Decrease Award  C.	Increase Duration	F. Intermunicip G. Special Distr		ion	
D. Decrease Duration Other (specify):		9. NAME OF FEDERA	AL AGENCY:		
			RAL DEVELOPMENT		
10. CATALOG OF FEDERAL DOMESTIC	<del>T T T T</del>				
ASSISTANCE NUMBER: 1 0	• <u>7 6 0</u>		LE OF APPLICANT'S PROJECT:		
TITLE: WATER AND WASTEWATER DIS	POSAL	WATER TREA	TMENT PLANT IMPRO	DVEMENT	
LOAN AND GRANT PROGRAM  12. AREAS AFFECTED BY PROJECT (cities, counties, states		BACKWASH R	ECOVERY BASINS PR	ROJECT	
12. Antas Afrecied by Project (cities, counties, states	, θtC.):				
BROOKTRAILS TOWNSHIP		·			
	ONAL DISTRICTS OF:				
Start Date Ending Date a. Applicant			b. Project		
02/01/04   07/01/04   FIRST I	ISTRICT		FIRST DISTRIC	T	
15. ESTIMATED FUNDING:			Y BY STATE EXECUTIVE ORDER 1		
a. Federal \$ 292,088 .0			I/APPLICATION WAS MADE AV DER 12372 PROCESS FOR RE		
b. Applicant \$ .0	DA	TE 08/15/03	3		
c. State \$ .0	0 b NO. [	PROGRAM IS NOT	COVERED BY E.O. 12372		
d. Local \$ .0		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other \$ .0	)				
f. Program Income \$ .0	17. IS THE APPLIC	ANT DELINQUENT ON	ANY FEDERAL DEBT?		
g. TOTAL \$ 292,088 <sup>.01</sup>	Yes If	"Yes," attach an exp	olanation.	à No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT	IN THIS APPLICATION/PE	REAPPLICATION ARE T	RUE AND CORRECT, THE DOCUM	ENT HAS BEEN DULY ASSISTANCE IS AWARDED	
a. Typed Name of Authorized Representative MIKE CHAPMAN	ΥΥ	o. Title	L MANAGER	c. Telephone number (707) 459–2494	
d. Signature of Authorized Representative				e Date Signed	
144 ('A-				8-15-03	
Previous Editions Not Usable				andard Form 424 (REV 4-88) scribed by OMB Circular A-102	

APPLICATION FOR FEDERAL ASSISTA	NCE	2. DATE SUB	MITTEO		Applicant Identifier	
1. TYPE OF SUBMISSION		3. DATE REC	EIVED BY STATE		State Application Ide	entifier
Application Pre	application				. ,	
	Construction	4. DATE REC	EIVED BY FEDER	RAL AGENCY	Federal Identifier	
	Non-Construction					
5. APPLICANT INFORMATION						
Legal Name: The Regents of t	he University of C	alifornia	Organizationa	I Unit:		
Address (Give City, County, Sta	te, and Zip (ode):	EGE [			the person to be con	tacted on matters
Office of Vice Chancellor-Re	11117		Unvalving this	application (Give a	rea code)	,
118 Everson Hall		a s s con	Administration	on contact: Kim	Lamar (530)752-6069	5
One Shields Ave.		AUG 19 2	Technidal Chi	ntact: Dr. Jim H	Harding (530)-752-0	349
Davis, CA 95616						
6. EMPLOYER IDENTIFICATION N	UMBER (E/N)	ALEXDINI	7. TYPE OF AP	PLICANT: (Enter a	ppropriate letter in bo	X)
Davis, CA 95616  6. EMPLOYER IDENTIFICATION N  9 4 - 6 0	3 6 L 1911L	-40 LLANIN	5 HOUSE			I
8. TYPE OF APPLICATION			A. State	H. Ind	dependent School Dis	trict
🖾 New 🔲 Continu	ation 🔲 Rev	/ision	B. County	I. Sta	ite Control Instit. of Hi	gher Learning
If Revision, enter appropriate	letter(s) in box(es):		C. Municipa	l J. Pr	ivate University	
			D. Township	K. Inc	llan Tribe	
A. Increase Award B.	Decrease / ward		E. Interstate	E. Ind	dividual	
C. Increase Duration D.	Decrease Liuration		F. Intermun	icipal M. Pr	ofit organization	
Other (Specify)			G. Special I	Diatrict N. OI	ther (Specify)	
9. NAME OF FEDERAL AGENCY:	US Forest Service					
10. CATALOG OF FEDERAL DOME		UMBER	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
1 0 - 6	6 4		This program	will apply MCTI	/STRATUM in a cas	se study city to
TITLE: MCTI/STRATUM Case		and the second s			software and trainir	
12. AREA AFFECTED BY PROJEC	T (Cities, countles, state	es, etc.)	produce a mi	unicipal forest be	nefit-cost analysis.	
Unknown	14 CONCESSION	AL DISTRICTS O	F			
13. PROPOSED PROJECT: Start Date End Date	a. Applicant	AL DISTRICTS O	r	b. Project		
Oct. 1, 2003   Sept. 30, 2005	1	I -		•	Unknown	
15. ESTIMATED FUNDING			16. IS APPLICA		REVIEW BY STATE E	XECUTIVE ORDER
a. Federal	\$55,000				plication was made a	ailable to the State
b. Applicant	\$30, 277		Exe	cutive Order 1237	2 Process for review	on:
c. State	\$		DAT	E:		
d. Local	\$		1	*	ered by E.O. 12372	
e. Other	\$				t been selected by St	ate for review
f. Program	\$		17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL	DEBT?
g. TOTAL	\$85, 277		YES -	If "YES", attach a	n explanation.	⊠ NO
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	E GOVERNING E				
a. Type Name of Authorized Re		Titla	nberly Lamar	***	c. Telephone No	ımber
Kimberly Lamar Contracts and Gra	nts Analumi	Co	ntracts and Gra	nts Analyst	(530) 752	-6065
d. Signature of Authorized Repr	resentative				e. Date Signed	
Kimberle	Lamar				8-18.	.03

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APPLICATIO1	N FOR		2. Date Submitted	Applicant Identifier				
FEDERAL AS	SISTANCE			94 - 2270812				
			3. Date Received	State Application Identifier				
1. TYPE OF SUBM Application	MISSION	Preapplication						
■ Construction		Construction	4. Date Received by Federal Agency	Federal Identifier				
Non-Construction		Non Construction	, and the state of	G 009216 - 04 - 0				
5 .Applicant Informati	on	L						
Legal Name :			Organizational Unit:					
	ment of Conservation	ATE CLEAKING TOO	Division of Oil, Gas, ar	nd Geothermal Resources				
Address (give city, cou 801 K. S	unty, state and zip cod Street, MS 20 + 20	ATE CLEARING HOUS	Name and telephone number of the person application (give area code.)	to be contacted on matters involving this				
Sacrame	ento, CA 95814 35	30 8 5003 F	Michael Stettner (916	5) 323-1781				
6. EMPLOYER IDEN	TIFICATION (EIN)	71 - 2000 0 1						
			- II Indonenda	ent School District				
94 - 227	0812	111日日日	B. County I. State Conf. Municipal J. Private Ur	trolled Institution of Higher Learning				
8. TYPE OF APPL	ICATION		D. Township K. Indian Tri	•				
v New	Continuation -	Revision	E. Interstate L. Individual					
If revision, enter appro	opriate letter(s) in box(es ard B. Decrease		F. Intermunicipal M. Profit Org G. Special District N. Other (Spe	ganization ecify):				
C. Increase Dur			G. Special District IV. Other (Spe	ectify).				
Other Specify:			9. NAME OF FEDERAL AGENCY:					
		<del></del>	U.S. ENVIRONMENTAL PI	ROTECTION AGENCY				
10. CATALOG OF F			10. DESCRIPTIVE TITLE OF APPLICANT"S PROJECT:					
DOMESTIC ASS	ISTANCE NUMBER:	<u>6</u> <u>6</u> . <u>4</u> <u>3</u> <u>3</u>	Underground Injection Control Program for Class II Well					
TITLE, Underg	ground Injection Co	ntro1	Injection					
TILE: Onderg	ground injection Cor	intoi						
11. AREAS AFFEC	TED BY PROJECT (citi	ies, counties, states, etc. ):	Two Year Application FY03 and FY04					
			Two remrippinession res					
13. PROPOSED PRO	DJECT:	14. CONGRESSIONAL DISTR	UCT OF:					
Start Date	End Date	a. Applicant:		b. Project				
10 1 02	0 20 2004	Department of Conse		Ctatavvida				
10 – 1 - 02	9 - 30 - 2004	Division of Oil, Gas,	and Geothermal Resources	Statewide				
15. Estimated Fundir	lg:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal								
		\$ 948,043	a. YES, THIS PREAPPLICATION/ APPLICATION WAS MADE  AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS					
b. Applicant		\$ 285,237	REVIEW ON:	ECUTIVE ORDER 123/2 FROCESS FOR				
c. State		\$ 203,237	-					
c. State		\$	DATE: <u>8-18-03</u>					
d. Local			b. NO					
		\$ .	PROGRAM IS NOT COVERED					
e. Other			OR PROGRAM HAS NOT BEE	EN SELECTED BY STATE FOR REVIEW				
£ Dro		\$	17. IS THE APPLICANT DEPINQUE	INT ON ANY EEDEDAL DEDT?				
f. Program Income		\$	17. IS THE AFFLICANT DEFINQUE	ENT ON ANT FEDERAL DEBT:				
g. TOTAL		Yes If "Yes" attach an explana	ation. v No					
\$ 1,233,280								
18. TO THE BEST O	OF MY KNOWLEDGE	AND BELIEF, ALL DATA IN TH	IS APPLICATION/PREAPPLICATION ARE	TRUE AND CORRECT, THE				
DOCUMENT HAS B	EEN DULY AUTHORI	ZED BY THE GOVERNING BOD TANCE IS AWARDED.	Y OF THE APPLICANT AND THE APPLIC	CANT WILL COMPLY WITH THE				
	Authorized Representation		. Title:	c. Telephone Number:				
		"	•	·				
Hal Bo	рр		State Oil and Gas Supervisor	(916) 445-9686				
d. Signature of Author	orized Representative:			e. Date Signed:				
	Jul By	· :		8/8/3				
	and in the			Standard Form 424A (REV 4-88)				
				` ,				

A	P	P	L	IC	A	Π	ION	FO	R	
F	E	D	E	R	٩L	. 8	ASS	IST	A	NCE

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August 6,	2003	Applicant Identifier OCS – 0 3			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier			
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION		Io					
Legal Name: The East Los Ar		ity Union	Organizational Unit: TELACU				
Address (give city, county, State, 5400 East Olymp Los Angeles, CA Los Angeles Cou	oic Boulevard A 90022 inty	NAME OF THE PROPERTY OF THE PR	Name and telephone number of person to be contacted on matters involving this application (give area code)  Jose Villalobos 323-721-1655				
6. EMPLOYER IDENTIFICATION  9 5 - 2 5 5 4	2 5 6		7. TYPE OF APPLICANT: (enter appropriate letter in box)  A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University				
8. TYPE OF APPLICATION:							
☑ New	Continuation	Revision					
If Revision, enter appropriate lette	er(s) in box(es)	ENED	D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District Community Development Corporation				
			9. NAME OF FEDERAL AGENCY:				
	- L-ATEC	LEARING HOUSE	DHHS-	-ACF/OCS			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
	_	9 3 - 5 7 0	Creation of a restaurant in				
TTLE COMMUNI	L		Greater East Los Angeles to				
TITLE: Community Economic Development  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Program  Priority Area 1 (OP)							
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:					
Start Date 9/30/03 Ending Date 2/28/05	a. Applicant 25 , 29	,30,38	b. Project	38			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. Federal	\$ 700	,000 .00	a. YES. THIS PREA	PPLICATION/APPLICATION WA	S MADE		
Applicant \$		.00		O THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:			
c. State	\$	.00	DATE _A1	DATE August 6, 2003			
d. Local	\$	.00		M IS NOT COVERED BY E. O. 1	2372		
e. Other	\$ 1,009	,000	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
f. Program Income	\$	.00					
g. TOTAL	\$ 1,709	,000	Yes If "Yes," attach an explanation.				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Authorized Repr Jose Villalo	esentative	President	c. Telephone Number 323-721-1655				
d. Signature of Authorized Repres	e. Date Signed August 6, 2003						
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OMB Approval No. 0348-0043 **APPLICATION FOR** ATE SUBMITTED Applicant Identifie FEDERAL ASSISTANCE TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier elication Preapplication Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: BROOKTRAILS TOWNSHIP COMMUNITY SRVS DIST CALIFORNIA SPECIAL DISTRICT Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application (give area code) 24860 BIRCH STREET MIKE CHAPMAN, GENERAL MANAGER WILLITS, CA 95490 (707) 459-2494 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) IGI A. State H. Independent School Dist B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University 8. TYPE OF APPLICATION: D. Township K. Indian Tribe E. Interstate L. Individual ☐ Continuation Revision F. Intermunicipal M. Profit Organization If Revision, enter appropriate letter(s) in box(es): G. Special District N. Other (Specify): B. Decrease Award A. Increase Award C. Increase Duration D. Decrease Duration Other (specify): 9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 0 WATER TREATMENT PLANT IMPROVEMENTS WATER AND WASTEWATER DISPOSAL LOAN AND GRANT PROGRAM CLEARWELL 100,000 GALLON TANK 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): BROOKTRAILS TOWNSHIP RECEIVED ΔIIG 1 8 2003 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF Start Date Ending Date a. Applicant b. Project 02/01/04 07/01/04 FIRST DISTRICT FIRST DISTRICTATE CLEARING HOUSE 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 314**,**567<sup>.00</sup> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal \$ STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant \$ .00 DATE 08/15/03 c. State \$ .00 NO. PROGRAM IS NOT COVERED BY E.O. 12372 d. Local \$ ຸດດ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW \$ e. Other .00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income Yes If "Yes." attach an explanation g TOTAL 314,567

> 8 - /5 = 9 3 Standard Form 424 (REV 4-88)

c. Telephone number

Prescribed by OMB Circular A-102

e. Date Signed

(707) 459-2494

GENERAL MANAGER

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

d. Signature of Authorized Representative

MIKE CHAPMAN

<b>APPLICATION FOR</b>				OMB Approval No. 0348-00		
FEDERAL ASSISTA	NCE	2. DATE SUBMITTE Augus	t 12, 2003	Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier		
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier		
Non-Construction  5. APPLICANT INFORMATION	Non-Construction	1				
Legal Name:			Organizational Unit:			
	deo Coalition		Bay Area Video Coalition			
Address (give city, county, State,			Name and telephone number of person to be contacted on matters involvi			
2727 Mariposa Stree			this application (give area code)			
San Francisco, CA 9		an Francisco	Ms. Judy Holme Agnew, 415-558-2114			
6. EMPLOYER IDENTIFICATION			judy@bavc.org 7. TYPE OF APPLICANT: (enter appropriate letter in box)			
			7. TIPE OF AFFEIO	N		
9 4 - 2 4 0 3	0 7 0		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
☐ New	Continuation	✓ Revision	C. Municipal	J. Private University		
If Revision, enter appropriate lett	or(s) in hoy(os)	1 —	D. Township E. Interstate	K. Indian Tribe L. Individual		
In nevision, enter appropriate lett	er(s) in box(es)		F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify) nonprofit org.		
D. Decrease Duration Other(s	specify):					
			9. NAME OF FEDER	9. NAME OF FEDERAL AGENCY:		
Revised Budget: Aw	ard size remains the s	ame	National Telecor	National Telecommunications and Information Administrat		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
		1 1 — 5 5 2		Job Campaign Manager: leveraging the reach of the Internet, the interactive capabilities of media technologies, and recent innovations in database technologies to		
TITLE: Technology (	Opportunities Progran	1				
12. AREAS AFFECTED BY PRO						
Will serve San Francisco	·		deliver educational and personalized tools for managing a professional job campaign to low-income adults.			
Will Serve San Francisco	-		professionarjob	campaign to low-income adults.		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project	_		
10/1/03 9/30/05	8			8		
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE		
- F-J	ф.	00	ORDER 12372 PI	ROCESS?		
a. Federal	\$	406,537 <sup>°</sup>	a. YES, THIS PRE	APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	.00 AVAILABLE		E TO THE STATE EXECUTIVE ORDER 12372		
		422,436	PROCESS	FOR REVIEW ON:		
c. State	\$	00		04/23/03		
	* RECE	<b>VFD</b> 00	DATE			
d. Local	D I I have to be been	1 V hama har .	b. No. TI PROGRA	AM IS NOT COVERED BY E. O. 12372		
e. Other	s AUG 1	8 2003 ·°° I		GRAM HAS NOT BEEN SELECTED BY STATE		
	A00 -	0 2000	FOR RE	FOR REVIEW		
f. Program Income	\$	00				
	STATE CLEAR	ING HOUSE	17. IS THE APPLICA	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	828,973 · ° °	Yes If "Yes,"	Yes If "Yes," attach an explanation.		
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, AL	L DATA IN THIS APPL	ICATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE		
				HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF		<del></del>				
a. Type Name of Authorized Repr	resentative	b. Title Executive Directo	>r	c. Telephone Number (415) 558-2114		
Ms. Judy Holme Agnew d. Signature of Authorized, Repres	sentative A	JI				
Ju. Signatura di Admonized nepre		1111		e. Date Signed \$ -12-03		